

Comparison of Cognitive Professionalism in Residents of Public and Private Hospitals of Karachi

Nighat Shah¹, Masood Javed², Nusrat Shah³ and Mariam Soomro¹

ABSTRACT

Objective: To evaluate and compare the cognitive professionalism in resident medical officers (RMOs) of public and private hospitals of Karachi.

Study Design: A cross-sectional survey.

Place and Duration of Study: Civil Hospital and Ziauddin Medical University Clifton Campus, Karachi, from August to December 2014.

Methodology: This survey was conducted in one public and one private medical college. All residents from Gynecology and Obstetrics, Medicine and Surgery departments were included with non-probability purposive sampling. A validated tool (Barry Challenges to Professionalism questionnaire) was used to assess professionalism, containing six challenges to professionalism (acceptance of gifts, conflict of interest, confidentiality, physician impairment, sexual harassment, and honesty) with multiple-choice responses. Data was analyzed with SPSS version 17 and chi-square test was used for determining significant difference between public and private institutes.

Results: Forty-three residents from both the places responded. The frequency of acceptable answers to the six scenarios ranged from 0% to 55.8%. Acceptable responses were more from private-sector institute residents than public-sector residents, but no statistical significant difference was seen.

Conclusion: Most residents did not provide appropriate responses to professional challenges. The postgraduate training programs are very stringent on medical knowledge and skills. However, it is needed to address formally professional attitudes and behaviors and include them as a competency in the training program.

Key Words: Professionalism. Residents. Training. Professional attitude.

INTRODUCTION

The practice of medicine is integrally entwined in professionalism. Professionalism, although longtime ritual, faces more of the challenge due to increasing information technology, delicate health systems, and ill defined teaching and assessment system.¹ As per the European Federation Charter on Medical Professionalism, professionalism is 'the basis of medicine's contract with society'.² Professionalism is an abstract term with core values incorporated for ethical medical practices.³ Professional is one of the essential competence of ACGME (The Accreditation Council for Graduate Medical Education),⁴ and comprises three essential characteristics: expert knowledge, self-regulation, and primary responsibility to place patients' needs ahead of self-interest (altruism).⁵ The broader definition of

professional competence is the habitual and judicious use of communication, knowledge, technical skills, clinical reasoning, emotions, values, and reflection in daily practice for the benefit of the individual and community being served. Swick, in order to comprehend the essence of professionalism, defined it on the basis on nine core values including putting the interest of patient above their own, adherence to highest ethical and moral practice, duty to do right, exercising accountability, continuous commitment to excellence and to scholarship and advancing their field, ability to deal with complexity, and reflection upon their actions and decisions.⁶ This is very comprehensive and encompasses the behavior and values of individuals, that is professionalism and humanity.^{5,6}

The formal professionalism movement started in 1999 when ACGME introduced competencies and in the same year Medical Professionalism Project was launched.⁴ In 2002, The Physician's Charter was published in *Annals and Lancet*.^{7,8} Certifying criteria in Pakistan are mostly based on medical knowledge and skills, with professional attributes seriously missed out. The PMDC (Pakistan Medical and Dental Council) curricula, that is followed by all medical schools, do not allocate time and resources for formal, structured teaching and assessment of ethics, values and professionalism;⁹ but these are very few. Professionalism as a core competency with a definite curricular content is lacking in most medical

¹ Appna Institute of Public Health (AIPH), Jinnah Sindh Medical University, Karachi.

² Department of General Surgery, University of Health Sciences, Lahore.

³ Department of OBGYN, Dow University of Health Sciences, Karachi.

Correspondence: Dr. Nighat Shah, Assistant Professor, APPNA Institute of Public Health (AIPH), Jinnah Sindh Medical University, Karachi.

E-mail: nighat.shah@jsmu.edu.pk

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schools and residency programs in Pakistani universities. The College of Physicians and Surgeons Pakistan (CPSP) has introduced certification in ethics and communication skills through a short course for residents. All attributes of professionalism, as defined by the ACGME, are not yet addressed in CPSP courses.¹⁰ The residents need to demonstrate compassion in their daily practice. The practice of professionalism in the form of punctuality, accurate charting, concern for patient rights, and respect for patients and coworkers, illustrating some of the components of what professionalism embodies. These attributes then have to be assessed through validated and reliable tools.^{9,10} Professionalism is constantly challenged when undergraduate students and postgraduate residents do unethical practices out of fear of evaluation or to fit in the teams.¹¹

The aim of this study was to assess and compare cognitive professionalism in the residents of a public-sector and a private-sector medical institute.

METHODOLOGY

A survey was conducted at Civil Hospital Karachi, OBGYN department, and Ziauddin Medical University Clifton Campus, OBGYN, Medicine and Surgery Departments. Residents were included with non-probability purposive sampling. The residents were in the age group of 25-35 years, both male and female, and belonged to residency program from year 1 to 4.

The purpose of study was explained and informed consent was taken. The residents were asked to fill the form in their outpatient department and labour ward with support from faculty.

A validated tool, the Barry Questionnaire, was used to assess professionalism.¹¹ This tool is open-source and with free permission granted for its use (ACGME 2004). In order to develop and evaluate the instrument by the inventions, the scenario review was conducted by a panel of experts with experience in medical ethics, clinical practice, or laws; and the consensus on the 'best response' and the 'second best response' for each scenario was derived.

For the present, each scenario of the Barry Questionnaire,¹² was used with the best response and the second best response. Barry's questionnaire has six challenges to professionalism which include, acceptance of gifts, conflict of interest, confidentiality, physician impairment, sexual harassment, and honesty.

The answers were multiple-choice responses. The study was first piloted in clinicians of a private general hospital on practicing physicians to assess the language and comprehension. The changes/suggestions were accordingly incorporated.

The data was entered on SPSS version 17 and cross validated by random checking. Categorical variables

were summarized by frequencies and percentages. Chi-square test was used to find the significant difference between the public and private institutes. A p-value of ≤ 0.05 was considered significant to define the differences between the two groups.

RESULTS

Forty-three residents responded from both hospitals; most of them were females as only OBGYN were approached in Civil Hospital Karachi (CHK).

The first challenge targeted acceptance of gifts; none of the postgraduates selected best option to this challenge, reflecting an inherent weakness in this area. Second-best response was chosen by 7 (16.3%) participants and the third best by 22 (Table I).

The second challenge is conflict of interest, where the patients' interest has to be the supreme (altruism, the main pillar of professionalism). To this challenge, 8 (18.6%) participants gave the best-option answer and 11.6% gave second-best option.

The third challenge is confidentiality, which is an essential element of professionalism. Only 3 (7%) residents responded with the best option, and 15 (34.6%) responded with the second best option (Table II). This is the only scenario where significant difference between the responses of public and private sector universities were observed ($p < 0.05$, 8.6% from CHK, 10% from ZMU, Table III). Therefore, practice of confidentiality in both the sectors is still questionable.

Table I: Residents response to challenges.

Scenario	1st best	2nd best	Option
1. Gift acceptance	0 (0%)	7 (16.3%)	A 9 (20.9%) B 22 (51.2%) C 7 (16.3%)
2. Conflict of interest	8 (18.6%)	5 (11.6%)	A 8 (18.6%) B 22 (51.2%) C 5 (11.6%) D 5 (11.6%) E 1 (2.3%)
3. Confidentiality	3 (7%)	15 (34.9%)	A 21 (48.8%) B 3 (7%) C 15 (34.6%) D 3 (7%)
4. Physician impairment	10 (23.3%)	20 (46.5%)	A 20 (46.5%) B 1 (2.3%) C 11 (25.6%) D 10 (23.3%)
5. Sexual harassment	14 (32.6%)	8 (18.6%)	A 2 (4.7%) B 9 (20.9%) C 14 (32.6%) D 7 (16.3%) E 8 (18.6%)
6. Honesty	24 (55.8%)	3 (7%)	A 24 (55.8%) B 8 (18.6%) C 3 (7%) D 1 (2.3%) E 6 (14%)

Table II: Summary of residents responding to the best option.

Correct response	Number of residents	Percentage (%)
No correct	6	14
One correct	18	41.9
Two correct	16	37.2
Three correct	2	4.6
Four correct	1	2.3
Five correct	0	0
Six correct	0	0

Table III: Comparison between public (CHK) and private (ZMU) hospitals for the correct responses to all scenarios.

Scenario	CHK (n=23)	ZMU (n=20)	P value
1	0	0	-
2	4 (17.3)	4 (20)	0.561
3	2 (8.6)	2 (10)	0.021
4	6 (26)	4 (20)	0.706
5	6 (26)	8 (40)	0.085
6	11 (47.8)	13 (65)	0.100

Note: Not every question answered by few residents.

Physician impairment/deficiency is the fourth challenge, which evaluates a resident's sense of responsibility if he/she comes across addiction/habituation of colleague. To this, 10 (23.3%) gave best option and 20 (46.5%) gave second-best option.

Sexual harassment, the fifth challenge, was addressed appropriately through best-option by 14 (32.6%) and second best option by 8 (18.6%) participants. To honesty, 24 (55.8%) gave best-option and 3 (7%) gave the second-best option.

None of the participants gave correct answers to all questions. Majority were either one-correct (n=18, 41.9%) or two correct (n=16, 37.2%). Some residents also left out one or two challenges. Since different professional attributes were addressed in different challenges, those questionnaires were also considered. The responses from residents to different professional scenarios are summarized in Table II.

The difference in professional attributes between public and private medical hospital universities were computed, which showed slightly better performance of private medical college; but because of small sample size, the difference was not statistically significant (Table III).

DISCUSSION

Professionalism is a behavior and an abstract construct; therefore, it is difficult to measure.¹³ Professional behaviors are expressed; and therefore, observed as behaviors. There is now a certain consensus in literature regarding professionalism but the word itself has lot of connotations and; therefore, is difficult to measure/assess.¹³⁻¹⁵ For example, it is rather difficult to measure a quality like professional excellence, integrity and altruism.¹⁴

These challenging scenarios make the essence of professionalism as conceptualized and measured in this

study tool.¹² The Barry's challenges to professionalism questionnaire originated through a study, which was initially conducted on medical students and interns in year 2000 at University of Colorado. In the main study, the outcome measure was to assess the professionalism; and if the students were satisfied with the teaching of same.¹² The present study was on residents and the main outcome measure was to assess cognitive professionalism, fitness to practice, and to compare public and private medical institutes in their practice of professionalism.

In this study, mostly physicians performed poorly in almost all areas. This is primarily because professionalism is not a part of formal/informal or hidden curriculum. Teaching and assessment of professionalism has become very important for new medical education mantra and should be mandatory as a structured curriculum in medical institutions.^{16,17}

In their study, Barry *et al.* found that professionalism challenges were daily encountered but the responses were not always satisfactory.¹² Similar findings were seen in a Japanese professional study, which showed that physicians failed to provide an acceptable response to challenges to professionalism in several scenarios.¹⁸ Most of all, the frequency of the best or second-best answers for the scenario concerning sexual harassment in the Japanese was the lowest and at only 51%.¹⁸

Informal discussion with residents disclose that they have never attended a class or workshop on professionalism. Professionalism is neither taught nor assessed in medical colleges.¹⁹ Mostly, it is learnt as a hidden curriculum that is observing the Faculty and Seniors.²⁰

This is more so in public-sector; in the private medical college, the residents had attended some workshops on ethics. Since the service in private hospitals is revenue-based, the behavior and attitude of Faculty is supposedly better in private-sector. However, the results in this study were not statistically significant because of the small numbers.

The strength of this study is that it deals with the importance of medical professionalism and biomedical ethics, which is becoming very important as PMDC and CPSP have started stressing on attitudes and professionalism.⁹ The public through the media is also becoming very critical. To the best of authors' knowledge, no study in professionalism has assessed the difference in public and private medical colleges in Pakistan. The whole moral fabric of medical profession in Pakistan is at stake. Secondly, the Barry's Challenges is a validated tool having construct and content validity eliminating.¹²

The main limitation of this study was a small sample size. Secondly, only one public and one private medical college were included. Thirdly, these scenarios only

assess the cognitive approach to professionalism; other methods and tools like, narrative or personal approach, could have been used also to triangulate.

CONCLUSION

This study showed that resident's knowledge and understanding of professionalism has many deficiencies. The present curriculum is totally based on biomedical knowledge and skills and lacks on professionalism and ethics. The latter is neither taught nor assessed. The hidden curriculum plays a negative role. The authors recommend professionalism to be integrated in curriculum and should be made a mandatory competency by PMDC and CPSP.

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